

FILED JAN 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 2402
499

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u>				c. LENGTH OF STAY (in this place) <u>5 Days</u>		b. COUNTY <u>Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Infirmary</u> <u>1536 Papayan Street</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u>			
3. NAME OF DECEASED (Type or Print) <u>Carrie.</u>				a. (First)		b. (Middle)	
4. DATE OF DEATH (Month) (Day) (Year) <u>I 14 1949</u>				c. (Last) <u>Adams</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Mar. 16th 1888</u>		9. AGE (in years last birthday) <u>60</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>		11. BIRTHPLACE (State or foreign country) <u>Columbus, Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Harvey Fields</u>		13b. MOTHER'S MAIDEN NAME <u>Bettie</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James Adams 2512 Clark</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Coronary Occlusion</u>		19. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Coronary Occlusion</u>		19. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Hypertension</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		21. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		23a. SIGNATURE (Degree or title) <u>Walter A. Young</u>		23b. ADDRESS <u>2337 Maple</u>	
23c. DATE SIGNED <u>1/17/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/18/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington. Park</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. Louis, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Walker</u>		25. ADDRESS <u>2829, Washington. Bly</u>		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>J. B. Lassiter</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>JAN 18 1949</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Walker</u>		25. ADDRESS <u>2829, Washington. Bly</u>		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>JAN 18 1949</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Deaffie Cooper*
Licensed Embalmer No. *4600*

P. O. Address *4634 Cottage av.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.